

Chandos Lodge Limited

Chandos Lodge

Inspection report

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Tel: 01562885858

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Ratings

Overall rating for this service	Good ●
Is the service safe?	Good ●
Is the service effective?	Good ●
Is the service caring?	Good ●
Is the service responsive?	Good ●
Is the service well-led?	Good ●

Summary of findings

Overall summary

Chandos Lodge is a residential care home for 34 older people who may have a diagnosis of dementia. At the time of our inspection there were 27 people living at the home.

At the last inspection in November 2015 the service was rated Good. At this inspection we found the service remained Good.

People were supported to make safe choices in relation to taking risks in their day to day lives which helped people to maintain their own levels of independence. This was because staff made sure people had the equipment and aids they required to meet their needs. Staff had been trained and understood how to support people in a way which protected them from harm and abuse. There were arrangements in place to make sure staff were trained and competent in medicine administration which reduced risks to people's safety and welfare.

Staff received regular training including dementia training, so they had the knowledge and skills to meet people's needs in an effective and personalised way.

People had regularly seen a variety of health professionals to maintain their independence, health and wellbeing.

People were supported to have maximum choice and control of their lives and staff supported them in the least restrictive way possible; the policies and systems in the service supported this practice. Staff demonstrated their understanding of the Mental Capacity Act 2005 (MCA) and its relation to protecting people who used the service from unlawful restrictions. Records confirmed consent was sought for a variety of decisions in relation to the care people received. This confirmed people who used the service or their relatives had been consulted about and agreed to the care they received.

People who lived at the home and their relatives worked in partnership with staff to plan their care. Care records were personalised and contained detailed information about what was important to people. There was a caring, kind, staff team who knew and respected people as individuals and provided care which put people at the heart of all the care offered.

Staff treated people with dignity and respect and understood the need for people's privacy and confidentiality.

People had access and assistance to follow their chosen religious activities.

People told us they enjoyed the food served and the dining experience offered. Staff were aware of people's dietary needs, to help them stay well.

People were encouraged to follow their individual interests and suggest what entertainment they would like at the home.

The manager and the provider actively sought people's opinions about the home and activities offered to enhance people's wellbeing. People knew how to raise any concerns or complaints were managed in line with the provider's complaints policy and brought to a satisfactory conclusion.

Regular quality audits had been performed to identify improvements and help maintain a quality service.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe? The service remains Good	Good ●
Is the service effective? The service remains Good	Good ●
Is the service caring? The service remains Good	Good ●
Is the service responsive? The service remains Good	Good ●
Is the service well-led? The service remains Good	Good ●

Chandos Lodge

Detailed findings

Background to this inspection

We carried out this inspection under Section 60 of the Health and Social Care Act 2008 as part of our regulatory functions. This inspection was planned to check whether the provider is meeting the legal requirements and regulations associated with the Health and Social Care Act 2008, to look at the overall quality of the service, and to provide a rating for the service under the Care Act 2014.

This inspection took place on 25 January 2018 and was unannounced. The inspection team consisted of one inspector.

We used information the provider sent us in the Provider Information Return. This is information we require providers to send us at least once annually to give some key information about the service, what the service does well and improvements they plan to make.

As part of the inspection we looked at the information we held about the service provided at the home. This included statutory notifications. Statutory notifications include important events and occurrences such as accidents and serious injury which the provider is required to send us by law.

We sought information about the service from the local authority and Healthwatch. The local authority has responsibility for funding people who used the service and monitoring its quality. Healthwatch is an independent consumer champion, which promotes the views and experiences of people who use health and social care.

We spoke with six people who lived at the home and one relative. We looked at how staff supported people throughout the time we were at the home. As part of our observations we used the Short Observational Framework for Inspections (SOFI). SOFI is a way of observing people who may not always be able to voice their opinions of the quality of service provided.

We spoke with the manager, the operations manager, the activities co-ordinator and four members of staff. We looked at the records relating to two people who lived at the home. We also looked at people's medicine records. We spent time with a staff member during their medicine round and looked at how medicines were administered, stored and disposed of. We also looked at four recruitment records, complaints and

compliments records and quality audits completed by staff.

Is the service safe?

Our findings

At our last inspection people told us they felt safe living at the home. At this inspection people continued to feel safe. Therefore the rating remains Good.

At this inspection people told us, they were provided with care and support that made them feel safe living at the home. One person told us, "I would definitely recommend living here, staff help me live safely." A relative commented, "I don't think we could have done any better. [Person's name] is doing really well since moving in here because we know they are safe."

Staff had received training on keeping people safe from abuse and knew how to raise concerns both within the organisation and with external agencies. Staff told us they were confident the manager would be supportive and take action if they raised concerns. One staff member said, "I know the manager would react to any concerns. But if they didn't I would certainly whistle-blow." People who lived at the home and visitors had access to information about the subject of abuse together with telephone contact numbers which were displayed.

The manager showed us the provider's systems to help people manage risks to their safety and avoid preventable accidents. We saw monthly analysis of any accidents and incidents were undertaken so lessons could be learnt. For example after one person had fallen in their bedroom late at night, a pressure mat had been supplied to alert night staff if the person got out of bed so they could attend to them promptly.

People told us they felt there were enough staff on duty to meet their needs. One person told us, "If ever I want something staff do come quickly both during the day and night. Nothing is too much trouble for them [staff]." We noted on the day of our inspection call bells were answered quickly so people did not have to wait long for assistance. We saw there were sufficient staff on duty to provide support during our inspection so people's safety was not compromised. The registered manager told us they had a system in place to assess people's dependency so they could arrange staffing accordingly.

The provider's arrangements to ensure new staff were suitable to support people who lived at the home continued to help safer recruitment decisions to be made and prevent unsuitable staff from working at the home. All staff had two references and a Disclosure and Barring check (DBS) before they commenced employment at the home to ensure people were not put at unnecessary risk.

The provider, management and staff team worked together to ensure the risks to people of infections were reduced. For example, staff knew what actions to take to reduce the risk of possible infection. This included when they needed to wear disposable gloves and aprons whilst serving people their lunch.

We saw people's medicines were administered and managed safely. There were appropriate facilities for the storage of medicines. For example people's medicines were stored in a locked medicine trollies. We saw written guidance was in place if a person needed medicines 'when required.' ([PRN]). These medicines were recorded when staff had administered them and the reason why, so they could be monitored to ensure they

were not over used. We saw daily medicine counts took place to identify any errors or gaps to reduce the risk to people of not receiving their medicines so action could take place promptly if necessary to reduce risks to people's health and welfare. Staff administering medicines had their competencies checked annually to ensure they followed the provider's medicine policy and procedures by senior members of staff.

Is the service effective?

Our findings

At this inspection, we found staff continued to be trained and skilled to effectively meet the needs of people living at the home. People were still supported to have the freedom of choice and have their health and dietary needs met as at the previous inspection. Therefore the rating remains Good.

People spoke positively about the staff that cared for them. One person said, "The staff are very kind. When I was poorly they waited on me hand and foot." Another person told us, "I'd give the staff 100/100 they are all very kind." A relative stated, "They [staff] are all wonderful, like one big family."

New staff received an induction when they commenced work at the home which included the care certificate as part of their induction. The care certificate is a set of standards that health and social care workers can work in accordance with. It is the minimum standards that can be covered as part of the induction training of new care workers. Staff we spoke with told us they had opportunities during their induction to shadow more experienced staff. A staff member told us this had helped them understand their new ways of working and gave them opportunity to ask questions and develop their confidence before working alone with people.

All the staff we spoke with told us they received regular supervisions which gave them the opportunity to reflect on their practice and discuss any further training requirements. Staff we spoke with told us the training opportunities on offer were good and helped them gain the skills they required to care for people. The manager said they had secured further specialist dementia training for staff in the near future to enhance their skills further.

People told us their individual needs and requirements had been assessed and recorded in their care plan. A staff member told us "The care plans are very detailed but easy to follow, so you know how each person likes their care to be delivered." People and their relatives told us they were involved in the contents of their care plan. We saw details of people's personal histories had been collated enabling staff to converse with people about their working lives and families.

People who lack mental capacity to consent to arrangements for necessary care or treatment can only be deprived of their liberty when this is in their best interests and legally authorised under the MCA. The procedures for this in care homes and hospitals are called the Deprivation of Liberty Safeguards (DoLS). Staff continued to show they had a good understanding of the need to consider people's ability to give consent. We saw and people told us staff always asked for their consent before performing any care tasks. One person told us, "Staff always give me choices, if I don't want to do something then that is okay. I choose when I get up and whether I want a bath or a shower." The manager had arrangements in place to make sure all DoL assessments had been followed up with the local authority.

We saw people were given a choice of where they ate their meals such as in the dining room or their own rooms. In the dining room there was a relaxed atmosphere with music softly playing in the background. We heard people singing along whilst they waited for their meals to be served. Tables were set with tablecloths,

napkins, condiments and accompanying sauces for people to help themselves. In the centre of the tables were menus for people to choose their meal. Staff approached each person to take their order and took their time to reassure and describe the choices on offer. People told us they enjoyed the food as it "Was very good". One person described it as "Beautiful." Staff were aware of people's health needs which impacted upon their dietary requirements, such as, people who required a diabetic diet and we saw people's diets were catered for.

People were supported to maintain their health. A relative told us, "When [relative's name] is not well staff contact me immediately." Staff knew the action to take should they have concerns about a person's health. People's medical history was available to those supporting them and we found that staff worked closely with healthcare professionals where this was required to help people to remain well. We saw evidence from people's care files that they had accessed opticians, chiropodists, doctors and hospital appointments as required.

We saw the provider had helped assist people living with dementia by the use of signs and blue coloured doors to help people find their way around the home and keep their independence. In the hallways and living areas were pieces of art work people had created to make a more homely atmosphere.

Is the service caring?

Our findings

At our previous inspection people who lived at the home and their relatives told us how staff treated them with kindness and respected people's involvement in their care planning. The rating continues to be Good.

People spoke very positively about the staff that supported them. One person said, "The staff are wonderful. They are like a family to me." A relative told us whenever they visited they felt welcomed by the staff. Interactions between staff and the people they supported indicated they knew people well. Staff knew how people preferred to be addressed and what was important to them.

We saw staff had helped some of the people to have their nails painted and assisted them to wear their special jewellery. Staff knew people's interests such as some people enjoyed dancing and others preferred painting. We saw examples of people's art work displayed around the home. We saw staff assist people to celebrate their special occasions such as birthdays, which helped people feel cared for and valued.

People told us they made their own day to day decisions about their care. One person told us they liked to spend most of their time, privately, in their own room, and said staff understood and respected this. We saw and heard people had made friends and developed relationships with other people living at the home. The staff told us they had arranged a dance session because it was people's passion. One person told us, "We were the first people on the dance floor, we enjoyed it so much. I used to do a lot of dancing when I was younger."

People's religious and spiritual needs were respected. People's different cultures were recognised and celebrated during events held at the home. Representatives from different faiths visited the home which supported people to practice their chosen religions and acknowledge events important to people.

People told us staff encouraged them to keep as independent as possible, including undertaking their own personal care as much as possible. Staff members gave us examples of the actions they took so people's right to dignity and privacy would be promoted. One staff member told us, "I always treat people how I would like one of my relatives to be treated." We saw staff were courteous to people always asking their permission before performing any tasks and knocked on their doors and waited for permission before entering their rooms.

We saw the provider respected people's right to privacy and confidentiality. People's care plans were stored away in a locked cupboard and any personal information stored on the computer was password protected.

Is the service responsive?

Our findings

As at our previous inspection people's needs were identified and met by responsive staff. We found this continued at this inspection and so the rating remains Good.

People told us they and their relatives' views were taken into account when people's care and risks were planned. One person told us "Before I came to live here I was asked about what help I needed. A relative told us staff consulted them before their relative left the hospital and moved into the home, to ensure their needs could be met. A staff member told us the care plans were very detailed and easy to follow. They told us "Pretty much everything you need to know about the person you care for is in the care plan."

Staff told us they felt well informed about people's care and support needs. In the Provider Information Return the provider had written, "We have a good handover system, to ensure good communication is passed on to all staff. This gives us an opportunity where any health changes are reported and where necessary appropriate intervention implemented. Our handover protocol uses the daily carer's notes and a record is maintained." We saw this handover occurred when staff shifts changed. Staff told us they were of benefit to them to enable them care for people.

We saw when people's care and support needs changed peoples' care packages were reviewed. If necessary the provider consulted external health and social care professionals in their assessment to ensure people had the best care to stay mentally and physically as well as possible. For example we saw when one person had fallen, the provider had asked for the person to have a mobility aid so they could maintain their independence and prevent a similar occurrence.

We saw from people's care plans information had been gathered about their life prior to moving into the home. This included information about their childhood memories, family and previous working histories. Staff told us this information assisted them to have meaningful conversations with people and bring back fond and interesting memories.

The provider had employed an activities coordinator to encourage people to stay active and stimulated with a variety of activities. One person told us "I've been doing the arts and crafts session today. In the warmer weather we go out to the local garden centres." The activities co-ordinator told us they had undertaken dementia training with the local university, so this helped arrange activities accordingly. They told us they designed games which involved both physical and mental exercise to help maintain people's physical and mental wellbeing, such as quizzes which proved very popular. They said they tried to keep people aware of their senses. For example in the recent snowy weather they brought a tray of snow indoors so people could enjoy making a mini snowman.

We looked at how the provider managed complaints. We saw there had been two formal complaints and these had been dealt with in accordance with the provider's policy and to the satisfaction of the complainant. The provider had listened and taken action to prevent a further occurrence. For example, the staff were now designated for the laundry and this had resolved the issues raised. People we spoke with

knew how to raise a complaint but had not wished to. The provider advertised the complaints procedure in the hallway for easy access and for people to use.

Is the service well-led?

Our findings

Since our last inspection there had been a change in management at the home. The new manager had newly appointed who had been in post two weeks at the time of our inspection. However she had transferred across from another of the provider's homes where she had been the registered manager so was familiar with the provider's operating procedures. She told us, she was in the process of applying to Care Quality Commission [CQC] to become the registered manager of Chandos Lodge.

A registered manager is a person who has registered with the Care Quality Commission to manage the service. Like registered providers, they are 'registered persons'. Registered persons have legal responsibility for meeting the requirements in the Health and Social Care Act 2008 and associated Regulations about how the service is run.

Although the manager had only recently started her employment at the home, people were very positive about her. One person told us, "I like her, she is very jolly, she's always singing." Another person told us, "She always stops to say hello and ask how I'm doing?". We saw the manager interact with people in a kind supportive manner. When one person became anxious she knelt down beside them and reassured them, until they felt better. People and the relative we spoke with were complimentary about how the home was run and the care provided.

The manager told us she felt much supported in her new role and had been given a "Comprehensive handover" from the exiting registered manager so felt the transition for people living at the home and staff had been kept to a minimum. She told us, "I feel this is one of the best companies I've ever worked for. The Operations Director has been very supportive."

People we spoke with told us they had been asked their opinions about the way the home was run through residents meetings and questionnaires. We saw in the hallway a board saying "You said, we did." This outlined the actions taken as a result of people's suggestions. For example, one person had asked for needlework sessions, while another person had asked for a particular entertainer to be re-invited to the home as they had enjoyed it so much. Another person had suggested new flooring was required in the lounge. All the suggestions had been responded to and accommodated.

The manager told us they wanted more involvement from people in the recruiting of staff and told us they ensured people living in the home were part of the recruitment panel. They said "It's important for people to feel comfortable with the staff that support them." They also told us about their plans for the next twelve months. They had booked places for staff on an "Adventure with dementia course" to enhance staff skills further and planned to introduce a fluid dignity champion on each shift to ensure people stayed hydrated.

We saw the provider had held regular staff meetings, so staff were able to keep informed with the running of the home. A staff member told us. "We feel comfortable to speak our minds at staff meetings. The last one we had was to introduce the new manager. I feel we are a good staff team."

We saw the manager and provider regularly checked key areas of the care provided to people, so they could be assured people were provided with safe, care based on their need and wishes. This included auditing people's medicines, the environment and people's experiences of living at the home. We saw all accidents and incidents were recorded and analysed to identify any improvements required. This was so quality of care and support was continually improved.